

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH

CHILD CARE FACILITY					
					NSPECTION REPORT
REA Regular	SON	 	GRADE	Inspection Date:	ESTABLISHMENT NAME: TAN VICTORIA'S CHAMORU DAY CARE
Follow-U	n		0 =	Time In/Out:	OWNER/OPERATOR:
Complain	_				O IRIARTE, MARIE LYNN T.
Investigat	_		RATING	2:45M 3:00	PM LOCATION: 159 ETTON LN. Establishment Type:
Other:			A		10: SINAJANA FAMILY DAY CARE HOME
	-		= =	20000- /১০০০	OOI PERMIT STATUS: Valid Temporary Expired
				Female 2 Total	, , , , , , , , , , , , , , , , , , ,
The fo	ollow	ing ite	ms identify	violations found this	is day in the operations and facilities which must be corrected by the next
inspection	1015	oonei	as the Dep	animent indicates. In equest for hearing m	Non-compliance may result in downgrading or permit suspension. To appear must be submitted before the indicated correction date.
ITEM*					REMARKS DEMERIT CORRECT BY
	A	RE	GULAR		WAS CONDUCTED.
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	PI	CE	BRIEPEL	ON THE	ABOVE.
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					lation(s) and I am aware of the corrective measures to be taken.
*Note:	Received By (Name & Title):				
cited above, they shall be corrected within 10 days of this inspection:					a ple
(2), (4), (6)					DEH Inspector (Name & Title): J. G4RCIA EPHD
(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40). J. GARCIA EPHO					

Rev: 08/2/05 DEH-06